

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Neurology Professional Association BrainPAC

ADDRESS (number and street) 1501 M St. NW
Seventh Floor
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00435933
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 07 13 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		79294.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	80294.00									
(c) Total Receipts (from Line 19)	68980.00	68980.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149274.00	148274.00								
7. Total Disbursements (from Line 31)	38985.00	38985.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110289.00	109289.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	48950.00	48950.00
(ii) Unitemized	20030.00	20030.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68980.00	68980.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68980.00	68980.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68980.00	68980.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68980.00	68980.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	36000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2985.00	2985.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	2985.00	2985.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38985.00	38985.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38985.00	38985.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	68980.00	68980.00
34. Total Contribution Refunds (from Line 28(d))	2985.00	2985.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65995.00	65995.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 54
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Lily Jung

Mailing Address 9420 SE 54th St.

City State Zip Code
Mercer Island WA 98040-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Swedish Neurosci. Institute, Swedish H
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 29204728

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Minto

Mailing Address 100 Memorial Hospital Dr Ste 2A

City State Zip Code
Mobile AL 36608-1199

FEC ID number of contributing federal political committee. **C**

Name of Employer Neurology: Child and Adult, P.C.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2009

Transaction ID: 29206183

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. John W. Henson

Mailing Address 9420 SE 54th Street

City State Zip Code
Mercer Island WA 98040-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Swedish Neuroscience Institute
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2009

Transaction ID: 29206187

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. James C. Stevens	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 12112 Aboite Center Road	Transaction ID: 29208459
	City State Zip Code Fort Wayne IN 46814-9528	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Allied Physicians, Inc. Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Anthony G. Alessi	Date of Receipt MM / DD / YYYY 01 / 24 / 2009
	Mailing Address 269 Broadway	Transaction ID: 29230604
	City State Zip Code Norwich CT 06360-3526	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NeuroDiagnostics LLC Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella	Date of Receipt MM / DD / YYYY 01 / 28 / 2009
	Mailing Address 235 Rosemont Avenue	Transaction ID: 29277670
	City State Zip Code Saint Louis MO 63119-2412	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Forst Park Hospital Neurologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Mark E. Pretorius

Mailing Address 5201 Corinthian Bay Dr

City State Zip Code
Plano TX 75093-4028

FEC ID number of contributing federal political committee. **C**

Name of Employer Mark Pretorius, MD, P.A. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 29330929

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Massoud Bina

Mailing Address 18955 N Memorial Dr Ste 400

City State Zip Code
Humble TX 77338-4264

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 29395054

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph Jankovic

Mailing Address 6550 Fannin St Ste 1801
Department of Neurology

City State Zip Code
Houston TX 77030-2744

FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor College Of Medicine Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 29395421

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Drasko Simovic

Mailing Address 50 Prospect St Rm 404
EMG Laboratory

City State Zip Code
Lawrence MA 01841-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts University School of Medicine
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 29404612

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert S. Gould

Mailing Address 340 Dardanelli Ln Ste 22A

City State Zip Code
Los Gatos CA 95032-1418

FEC ID number of contributing federal political committee. **C**

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Transaction ID: 29406110

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael W. Morse

Mailing Address 1794 E Joyce Blvd Ste 3

City State Zip Code
Fayetteville AR 72703-5257

FEC ID number of contributing federal political committee. **C**

Name of Employer Neurological Associates
Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Transaction ID: 29406112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 54
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman		Date of Receipt MM / DD / YYYY 02 / 18 / 2009		
	Mailing Address 6 Fenimore Road		Transaction ID: 29411763		
	City Worcester	State MA	Zip Code 01609-1711	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lifespan	Occupation Physician	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Leslie A. Huszar		Date of Receipt MM / DD / YYYY 02 / 18 / 2009		
	Mailing Address 787 37th St Ste E120		Transaction ID: 29412457		
	City Vero Beach	State FL	Zip Code 32960-7312	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fellow Amer Academy-Neurology	Occupation Physician	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley		Date of Receipt MM / DD / YYYY 02 / 17 / 2009		
	Mailing Address 55 Grace Church Street		Transaction ID: 29420120		
	City Rye	State NY	Zip Code 10580-3926	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Neurological Institute of NY	Occupation Physician	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Robin L. Brey

Mailing Address 13618 Bluff Circle

City San Antonio State TX Zip Code 78216-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer University Texas Health Science Center Occupation neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2009

Transaction ID: 29420625

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joan Frances Puglia

Mailing Address 1 Windy Ridge Lane

City New Milford State CT Zip Code 06776-3955

FEC ID number of contributing federal political committee. **C**

Name of Employer Self - Northwest Hills Neurology, P.C. Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2009

Transaction ID: 29451417

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Matthew J. Murnane

Mailing Address 47 New Scotland Ave
MC-70, Dept of Neurology

City Albany State NY Zip Code 12208-3479

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany Medical College Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 29454437

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City State Zip Code
Hudson WI 54016-5824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Boston University Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 29454573

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Glenn D. Graham

Mailing Address 337 Whiteoaks Dr NE

City State Zip Code
Albuquerque NM 87122-1410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VA Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: 29572611

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Neil A. Busis

Mailing Address 6934 Rosewood Street

City State Zip Code
Pittsburgh PA 15208-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pittsburgh Neurology Ctr. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 29580077

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. David L. Camenga		Date of Receipt
	Mailing Address 6 Glenwood Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2009
	City	State	Zip Code
	Augusta	ME	04330-6906
	FEC ID number of contributing federal political committee. C		Transaction ID: 29583410
Name of Employer Togus Veterans' Adm Med Ctr		Occupation Neurologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. John D. England		Date of Receipt
	Mailing Address 4 Kinder Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2009
	City	State	Zip Code
	River Ridge	LA	70123-2061
	FEC ID number of contributing federal political committee. C		Transaction ID: 29583414
Name of Employer LSUHSC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
	Mailing Address 9235 NW 26th Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2009
	City	State	Zip Code
	Gainesville	FL	32606-9180
	FEC ID number of contributing federal political committee. C		Transaction ID: 29583418
Name of Employer Univ. of FL Dept. of Neurology		Occupation Behavioral Neurology	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Kenneth H. Isaacs

Mailing Address 110 N. Division

City State Zip Code
Walla Walla WA 99362-2321

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 29583490

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Laurence J. Kinsella

Mailing Address 235 Rosemont Avenue

City State Zip Code
Saint Louis MO 63119-2412

FEC ID number of contributing federal political committee. **C**

Name of Employer Forst Park Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: 29587012

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert E. Shapiro

Mailing Address 1256 Whalley Road

City State Zip Code
Charlotte VT 05445-9074

FEC ID number of contributing federal political committee. **C**

Name of Employer U of VT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: 29587015

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. James C. Stevens

Mailing Address 12112 Aboite Center Road

City State Zip Code
Fort Wayne IN 46814-9528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allied Physicians, Inc. Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: 29587051

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Nancy Hammond

Mailing Address 13230 Long Street

City State Zip Code
Overland Park KS 66213-5030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Kansas Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: 29587082

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marvin A. Rachelefsky

Mailing Address 5480 Errol Place

City State Zip Code
Atlanta GA 30327-4869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NW Neurology Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 29587374

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Maureen A. Callaghan

Mailing Address PO Box 6059

City Olympia State WA Zip Code 98507-6059

FEC ID number of contributing federal political committee. **C**

Name of Employer: The Middleton Fndn. / Olympia Neurolog
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009
Transaction ID: 29587412
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Bennett L. Lavenstein

Mailing Address 4210 Rosemary Street

City Chevy Chase State MD Zip Code 20815-5218

FEC ID number of contributing federal political committee. **C**

Name of Employer: Childrens National Med Ctr
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: 29593889
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. John W. Henson

Mailing Address 9420 SE 54th Street

City Mercer Island State WA Zip Code 98040-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer: Swedish Neuroscience Institute
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: 29593891
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Elaine C. Jones

Mailing Address 212 Bay Spring Ave

City State Zip Code
Barrington RI 02806-1332

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern New England Neurology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 29593907

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark S. Yerby

Mailing Address 1233 SW 57th Avenue

City State Zip Code
Portland OR 97221-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer North Pacific Epilepsy Research
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 29593974

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory L. Barkley

Mailing Address 2890 Burlington Street

City State Zip Code
Ann Arbor MI 48105-1435

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hospital
Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 29599194

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City State Zip Code
Hudson WI 54016-5824

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston University Occupation Neurologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2009

Transaction ID: 29603223

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Rod Larson

Mailing Address 4418 Xerxes Avenue South

City State Zip Code
Minneapolis MN 55410-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer American Academy of Neurology Occupation Deputy Exec. Director, Center for Heal

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: 29680972

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. William G. Preston

Mailing Address 232 Emerald Bay

City State Zip Code
Laguna Beach CA 92651-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer Saddleback Valley Neurosc-i. Med. Group Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 29709422

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cleveland Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 29712751

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Ms. Amy Kaloides

Mailing Address 9650 Waterstone Place
Apt. 318

City State Zip Code
Minnetonka MN 55305-5545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Academy of Neurology, P.A. Senior Advocacy Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: 29737106

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lily Jung

Mailing Address 9420 SE 54th St.

City State Zip Code
Mercer Island WA 98040-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Swedish Neurosci. Institute, Swedish H Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 29777257

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Laura B. Powers

Mailing Address 5629 Tazewell Pike

City State Zip Code
Knoxville TN 37918-9264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Knoxville Neurology Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 29786069

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Linda A. Hershey

Mailing Address 367 Lebrun Rd

City State Zip Code
Amherst NY 14226-4130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VAMC & U at Buffalo Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: 29795727

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark A. Kozinn

Mailing Address 3537 Knollwood Dr NW

City State Zip Code
Atlanta GA 30305-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2009

Transaction ID: 29810221

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt MM / DD / YYYY 04 / 25 / 2009		
	Mailing Address 9235 NW 26th Avenue		Transaction ID: 29810223		
	City Gainesville	State FL	Zip Code 32606-9180	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Sandra F. Olson		Date of Receipt MM / DD / YYYY 04 / 25 / 2009		
	Mailing Address 220 E Walton PI Apt 6W		Transaction ID: 29810227		
	City Chicago	State IL	Zip Code 60611-1649	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Neurologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance		Date of Receipt MM / DD / YYYY 04 / 26 / 2009		
	Mailing Address 2392 NW Hummingbird Dr		Transaction ID: 29810245		
	City Corvallis	State OR	Zip Code 97330-3758	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Corvallis Clinic	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas R. Swift

Mailing Address 1120 15th St
Dept of Neurology, Rm B13078

City State Zip Code
Augusta GA 30912-0004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical College of Georgia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	9

Transaction ID: 29810250

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Morteza Shamsnia

Mailing Address 7 Holyland Dr

City State Zip Code
Metairie LA 70006-1055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tulane University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	9

Transaction ID: 29810254

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sara G. Austin

Mailing Address 3006 Loveland Cove

City State Zip Code
Austin TX 78746-7635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Neurologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

Transaction ID: 29810652

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Katherine A. Henry

Mailing Address 300 E 33rd St Apt 16M

City State Zip Code
New York NY 10016-9419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NYU School of Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29816448

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lindsey Lee Lair

Mailing Address 139 E 33rd St Apt 14H
Apt. 14H

City State Zip Code
New York NY 10016-5325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Merck & Co. Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29816452

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Elaine C. Jones

Mailing Address 212 Bay Spring Ave

City State Zip Code
Barrington RI 02806-1332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern New England Neurology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 29816460

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. James F. Toole

Mailing Address 1836 Virginia Road

City State Zip Code
Winston Salem NC 27104-2316

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 29816465

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert C. Griggs

Mailing Address 901 East Ave Apt A

City State Zip Code
Rochester NY 14607-2271

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Rochester Sch of Med Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 29816473

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ashish M. Trivedi

Mailing Address 202 N Division St
Plaza Two Suite #200

City State Zip Code
Auburn WA 98001-4939

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Neurology and Electro Diag C Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: 29816483

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Robert L. Ruff

Mailing Address 935 Richmond Rd

City Lyndhurst State OH Zip Code 44124-1063

FEC ID number of contributing federal political committee. **C**

Name of Employer Case Western Res University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2009

Transaction ID: 29816501

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City Hudson State WI Zip Code 54016-5824

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29839951

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087-3808

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29839959

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Walter J. Koroshetz

Mailing Address 7808 Stable Way

City State Zip Code
Potomac MD 20854-1791

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mass General Hospital, National Institute
Occupation: Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 05 / 01 / 2009
Transaction ID: 29840235
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark S. Yerby

Mailing Address 1233 SW 57th Avenue

City State Zip Code
Portland OR 97221-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer: North Pacific Epilepsy Research
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 05 / 01 / 2009
Transaction ID: 29840286
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven L. Lewis

Mailing Address 806 Timber Hill Road

City State Zip Code
Highland Park IL 60035-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rush Univ. Med. Ctr.
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 05 / 01 / 2009
Transaction ID: 29840288
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Kimford J. Meador

Mailing Address 851 Courtenay Drive

City Atlanta State GA Zip Code 30306-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29840359

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. James D. Nelson

Mailing Address PO Box 8739
Upper Havensight Bldg #3

City St Thomas State VI Zip Code 00801-1739

FEC ID number of contributing federal political committee. **C**

Name of Employer VI Neurological Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29840485

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard S. Bedlack

Mailing Address 9 Logging Trl

City Durham State NC Zip Code 27707-4656

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29840516

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Constantine Moschonas

Mailing Address 9746 N 90th PI Ste 203

City State Zip Code
Scottsdale AZ 85258-5085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Four Peaks Neurology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840704

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan G. Finkel

Mailing Address 400 Stony Hill Rd

City State Zip Code
Chapel Hill NC 27599-7025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U of NC Clinical Sciences Bldg Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840726

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael J. Kaminski

Mailing Address 2307 Valley Brook Road

City State Zip Code
Nashville TN 37215-2016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Thomas Neurology Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840729

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 54
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Michael A. Williams

Mailing Address 1029 Pier Pointe Landing

City State Zip Code
Baltimore MD 21230-3975

FEC ID number of contributing federal political committee. **C**

Name of Employer LifeBridge Health Brain & Spine Instit
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840932

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Anna D. Hohler

Mailing Address 58 Morton St

City State Zip Code
Needham MA 02494-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer BUMC Dept. of Neurology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840934

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. William J. Weiner

Mailing Address 3704 N. Charles St.
#901

City State Zip Code
Baltimore MD 21218-2305

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Maryland School of Medic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840936

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Lisa M. Shulman

Mailing Address 3704 N. Charles St. Unit 901

City State Zip Code
Baltimore MD 21218-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U of MD At Baltimore Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29840938

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Marc R. Nuwer

Mailing Address 711 Haverford Ave

City State Zip Code
Pacific Palisades CA 90272-4313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UCLA Dept. of Clinical Neurophysiology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2009

Transaction ID: 29841294

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A. Samuels

Mailing Address 2541 NE 35th Street

City State Zip Code
Lighthouse Point FL 33064-8156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2009

Transaction ID: 29841297

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Thomas R. Vidic

Mailing Address 22642 Remington Court

City State Zip Code
Elkhart IN 46514-4674

FEC ID number of contributing federal political committee. **C**

Name of Employer Elkhart Clinic Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	9

Transaction ID: 29841298

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Nancy T. Rodgers-Neame

Mailing Address 627 Belmont Avenue

City State Zip Code
Tampa FL 33617-3802

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	9

Transaction ID: 29841727

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. William T. Bradley

Mailing Address 7450 Queensbury Circle

City State Zip Code
Fort Worth TX 76133-7046

FEC ID number of contributing federal political committee. **C**

Name of Employer Neuro. Assoc. of Arlington Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	9

Transaction ID: 29841902

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial) Dr. Patricia A. Evans		Date of Receipt MM / DD / YYYY 05 / 02 / 2009
Mailing Address 5587 Midnight Moon Dr Childrens Medical Center		Transaction ID: 29841903
City Frisco	State TX	Zip Code 75034-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hillcrest Plaza	Occupation Child Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Mary L. Tomyanovich		Date of Receipt MM / DD / YYYY 05 / 02 / 2009
Mailing Address 505 N Lake Shore Dr Apt 4808		Transaction ID: 29841905
City Chicago	State IL	Zip Code 60611-6440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VA	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Linda M. Famiglio		Date of Receipt MM / DD / YYYY 05 / 02 / 2009
Mailing Address 100 N Academy Ave		Transaction ID: 29841906
City Danville	State PA	Zip Code 17822-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Geisinger Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 33 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Lynne P. Taylor

Mailing Address 4229 NE 33rd Street

City State Zip Code
Seattle WA 98105-5354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Virginia Mason Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2009

Transaction ID: 29844295

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel B. Hier

Mailing Address 1206 Manor Dr

City State Zip Code
Wilmette IL 60091-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of IL at Chicago Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29850560

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. John David Hixson

Mailing Address 1224 3rd Ave

City State Zip Code
San Francisco CA 94122-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UCSF Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29876492

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 54
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Bruce Sigsbee

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

FEC ID number of contributing federal political committee. **C**

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2009

Transaction ID: 29959659

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087-3808

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 01 / 2009

Transaction ID: 30001354

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Anil K. Nair

Mailing Address 2104 Hunter Hill Ct.

City Hudson State WI Zip Code 54016-5824

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt 06 / 01 / 2009

Transaction ID: 30001356

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Neil A. Busis

Mailing Address 6934 Rosewood Street

City State Zip Code
Pittsburgh PA 15208-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pittsburgh Neurology Ctr. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 30030525

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert C. Griggs

Mailing Address 901 East Ave Apt A

City State Zip Code
Rochester NY 14607-2271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Rochester Sch of Med Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033602

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven Demeter

Mailing Address 10393 San Diego Mission Rd Ste 120

City State Zip Code
San Diego CA 92108-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medlink Corporation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30071391

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 36 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

Dr. John C. Morris

Mailing Address 8032 Orlando

City State Zip Code
Saint Louis MO 63105-2543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington University School of Medicine Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 30120356

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)

Dr. Maureen A. Callaghan

Mailing Address PO Box 6059

City State Zip Code
Olympia WA 98507-6059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Middleton Fndn. / Olympia Neurolog Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 30132209

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce Sigsbee

Mailing Address 1199 Sennebec Rd

City State Zip Code
Union ME 04862-4628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Penobscot Bay Medical Center Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 30147065

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Isaac E. Silverman

Mailing Address 130 Sunny Reach Drive

City State Zip Code
West Hartford CT 06117-1537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hartford Neurology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 30205805

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$100.00 This changes the YTD Total to \$10-0.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mill Etienne

Mailing Address 63 Woodruff Ave

City State Zip Code
Bronxville NY 10708-6607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Columbia Univ. Med. Ctr. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 30205806

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$20.00 This changes the YTD Total to \$20-00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert E. Shapiro

Mailing Address 1256 Whalley Road

City State Zip Code
Charlotte VT 05445-9074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U of VT Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 30205807

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$200.00 This changes the YTD Total to \$20-0.00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Lawrence M. Samkoff

Mailing Address 221 Wilshire Road

City State Zip Code
Rochester NY 14618-1222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Rochester Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 30205808

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$50.-00

B. Full Name (Last, First, Middle Initial)
Dr. Elliott A. Schulman

Mailing Address 616 Greythorne Rd

City State Zip Code
Wynnewood PA 19096-2509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lankenau Hospital and Lankenau Institu Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 30205809

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$100.00 This changes the YTD Total to \$10-00

C. Full Name (Last, First, Middle Initial)
Dr. James C. Stevens

Mailing Address 12112 Aboite Center Road

City State Zip Code
Fort Wayne IN 46814-9528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allied Physicians, Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 30205810

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$1000.00 This changes the YTD Total to \$1-000.00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella	Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 235 Rosemont Avenue	Transaction ID: 30205811
	City State Zip Code Saint Louis MO 63119-2412	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Forst Park Hospital	Occupation Neurologist	[MEMO ITEM] Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1-000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Nancy Hammond	Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 13230 Long Street	Transaction ID: 30205812
	City State Zip Code Overland Park KS 66213-5030	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Kansas	Occupation Physician	[MEMO ITEM] Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20-0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV	Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 4045 Linkwood Dr Apt 721	Transaction ID: 30205813
	City State Zip Code Houston TX 77025-6007	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baylor College of Medicine	Occupation Physician Resident	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Eddie L. Patton, Jr.		Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 9706 Berkshire Trace		Transaction ID: 30205814
	City Pearland	State TX	Zip Code 77584-3057
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer Baylor College of Medicine	Occupation Physician	[MEMO ITEM] Refund(s) on Schedule B Totaling \$65.00 This changes the YTD Total to \$65.-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.00		

B.	Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 136 Covey Chase		Transaction ID: 30205815
	City Tuscaloosa	State AL	Zip Code 35406-1801
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

C.	Full Name (Last, First, Middle Initial) Mrs. Catherine M Rydell		Date of Receipt MM / DD / YYYY 05 / 02 / 2009
	Mailing Address 3820 Grand Way, #309		Transaction ID: 30205816
	City Saint Louis Park	State MN	Zip Code 55416-4961
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer American Academy of Neurology	Occupation Executive Director/CEO	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	48950.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

<p>A. Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29417051</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Nathan Deal For Congress</p> <p>Mailing Address PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 09</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29450758</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Vine PAC</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29457547</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Leadership PAC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2009
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 29468907
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Charles B. Rangel

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2009
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 29551685
Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Tom Harkin

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 29551689
Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 01</p>	<p>Transaction ID: 29551690</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p>	<p>Transaction ID: 29584328</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District: 01</p>	<p>Transaction ID: 29606106</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) McConnell Senate Committee '14</p> <p>Mailing Address PO Box 1496</p> <p>City Louisville State KY Zip Code 40201</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29619145 Date of Disbursement 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29848127 Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29848128 Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Citizens For Altmire

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Jason Altmire

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: PA District: 04

Transaction ID: 29848204
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)
Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Ron Wyden

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: OR District:

Transaction ID: 29881974
Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

C.

Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Charles E. Grassley

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: IA District:

Transaction ID: 29905722
Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Gingrey For Congress	Transaction ID: 29905726 Date of Disbursement 05 / 13 / 2009
	Mailing Address PO Box U	Amount of Each Disbursement this Period 2000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	011 Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 29933455 Date of Disbursement 05 / 19 / 2009
	Mailing Address P.O. Box 425	Amount of Each Disbursement this Period 1000.00
	City Roswell State GA Zip Code 30077	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	011 Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution

C.	Full Name (Last, First, Middle Initial) ERIC PAC	Transaction ID: 29939397 Date of Disbursement 05 / 20 / 2009
	Mailing Address 209 Pennsylvania Ave. SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Leadership PAC

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Engel For Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29939398 Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29939399 Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30033327 Date of Disbursement 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30033331</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 18</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30033338</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30033340</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro Mailing Address 12 Trumbull Street City New Haven State CT Zip Code 06511 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Rosa L. DeLauro Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30033443 Date of Disbursement 06 / 09 / 2009
	Amount of Each Disbursement this Period 500.00 Campaign Contribution

B. Full Name (Last, First, Middle Initial) Friends Of Lois Capps Mailing Address PO Box 23940 City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30077300 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

C. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress Mailing Address 8550 United Plaza Blvd. Suite 1001 City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Campaign Contribution Candidate Name Rep. William Cassidy, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30077301 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00 Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Wally Herger For Congress Committee

Mailing Address PO Box 1500

City State Zip Code
Chico CA 95927

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Wally Herger

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: CA District: 02

Transaction ID: 30077302
Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City State Zip Code
Murfreesboro TN 37133

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: TN District: 06

Transaction ID: 30077303
Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Perlmutter For Congress

Mailing Address 3440 Youngfield Street #264

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Edwin Perlmutter

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: CO District: 07

Transaction ID: 30121151
Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

<p>A. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30121152</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Congressman George Miller</p> <p>Mailing Address P.O. Box 5864</p> <p>City Concord State CA Zip Code 94524</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. George Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 07</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30121154</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30121156</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

Rogers For Congress

Transaction ID: 30121157

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	9

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

Candidate Name
Rep. Michael J. Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: MI District: 08

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

36000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.	Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella Mailing Address 235 Rosemont Avenue City Saint Louis State MO Zip Code 63119-2412 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29587088 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Dr. Robert E. Shapiro Mailing Address 1256 Whalley Road City Charlotte State VT Zip Code 05445-9074 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29587272 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 200.00 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) Dr. James C. Stevens Mailing Address 12112 Aboite Center Road City Fort Wayne State IN Zip Code 46814-9528 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29587312 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

Dr. Nancy Hammond

Mailing Address 13230 Long Street

City Overland Park State KS Zip Code 66213-5030

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 29587318

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		0	2		2	0	0	9

Amount of Each Disbursement this Period

200.00

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

2400.00